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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Examiner's Signature <u>203 7-22-04</u> Initials	STATE OR COUNTRY FL	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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ADDRESS

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TITLE

Water walker assistant for physically challenged and rehabilitation patients

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